SUMMARY

PROPOSAL BUDGET

YEAR-

OFFEROR								
PRINCIPAL INVESTIGATOR/PROJECT I	DIRECTOR (PI/PD)							
TRICETTE INVESTIGITION ONES	SHEETON (FFFD)							
			Man				Funds	
A. SENIOR PERSONNEL, PI/PD, Co-PI's	, Faculty and Other Senior Associates Hrs/Mos Rates -Mos					Requested by		
(List each separately with title, A.7. show number in parentheses)					CAL	ACAD	SMR	Offeror
1.								
2.								
3.								
4.								
5.								
6. () OTHERS (LIST INDIVIDUAL		ATION)						
7. () TOTAL SENIOR PERSONNEL (1-6)								
B. OTHER PERSONNEL (SHOW NUMBERS IN PARENTHESES)						I		
1. () POST DOCTORAL ASSOCIA								
2. () OTHER PROFESSIONALS (T	<u>ECHNICIAN, PROGRAMM</u>	IER, ETC.)						
3. () GRADUATE STUDENTS								
4. () UNDERGRADUATE STUDENTS 5. () SECRETARIAL - CLERICAL (If charged directly)								
6. () OTHER								
7. TOTAL SALARIES AND WAGES (A + B)								
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)								
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)								
D. PERMANENT EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000.00. ATTACH								
ADDITIONAL EXPLANATION PAGES, IF NECESSARY.)								
TOTAL DEDMANENT FOLUDMENT								
TOTAL PERMANENT EQUIPMENT E. TRAVEL (LIST ON BUDGET EXPLANATION PAGE)								
1. DOMESTIC (INCLUDE CANADA, MEXICO, AND U.S. POSSESSIONS)								
2. FOREIGN								
F. PARTICIPANT SUPPORT COSTS								
1. STIPENDS \$								
2. TRAVEL								
3. SUBSISTENCE								
4. OTHER								
() TOTAL PARTICIPANT COSTS								
G. OTHER DIRECT COSTS (ITEMIZE ON BUDGET EXPLANATION PAGE)								
1. MATERIALS AND SUPPLIES 2. PUBLICATIONS COSTS/DOCUMENTATION/DISSEMINATION								
3. CONSULTANT SERVICES								
4. COMPUTER (ADPE) SERVICES								
5 SUBAWARDS								
6. OTHER								
7. TOTAL OTHER DIRECT COSTS								
H. TOTAL DIRECT COSTS (A THROUGH I. INDIRECT COSTS	1 G)	Rate	Base	То	tol.			
1. INDIRECT COSTS	Overhead	Rate	Dase	10	tai			
	G&A							
	Fringe							
TOTAL INDIRECT COSTS FCCM J. TOTAL DIRECT AND INDIRECT COSTS (H + I)								
K. FEE (%) BASE \$								
L. COST SHARING								
M. AMOUNT OF THIS REQUEST								
PI/PD NAME (TYPED) & SIGNATURE DATE								
OFFEROR'S AUTHORIZED REP. NAME (TYPED) & SIGNATURE DATE					DATE			

ARO Form 99 (MAY 97)